

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16275

FILED JUN 9 1943 18

State File No. 4924  
Registrar's No.

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Little Sisters of Poor 3225 Herbert St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 months  
(Specify whether Birth  
In this community years, months or days)

3. (a) PRINT FULL NAME Theodore J. Kayser

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
(b) Name of husband or wife Elizabeth L. Kayser nee Davison  
Age of husband or wife if alive ----- years  
7. Birth date of deceased May 3, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 0 23 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tannery Business

MOTHER FATHER { 12. Name Fred L. Kayser  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J. Kayser  
(b) Address 1380 Granville Pl.

17. (a) Burial (b) Date thereof 5/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 29 1943 J. J. Brunck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 94  
(d) Street No. 1900 E. John Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1943 hour 11:00 PM minute M.

21. I hereby certify that I attended the deceased from May 20 1943 to May 26 1943  
that I last saw him alive on May 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of the Heart  
Chronic Myocarditis

Due to  
Due to

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: Of operations: None  
Of autopsy: None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Manner of injury)

23. Signature: J. J. Brunck (M. D. or other)  
Address: 2302 Delaney St. Date signed: 5-27-43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. J. Burnley*

Licensed Embalmer No.

*4202*

P. O. Address

*St. Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**